

Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PRESSURE FORCE COMPUTER CONTROLLED DRUG DELIVERY SYSTEM AND THE LIKE

the specification of which

(check one) ☐ is attached hereto. ☐ was filed on _____, as United States Application Serial No. _____ or PCT International Application No. _____, and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority claimed

(Number)	(Country)	Day/month/year filed	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	Day/month/year filed	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

60/081388	April 10, 1998
(Application No.)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application No.)	(Filing date)	(Status patented, pending, abandoned)
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(Application No.)	(Filing date)	(Status patented, pending, abandoned)
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And I hereby appoint

George Gottlieb (Reg. No. 22,035)
Michael I. Rackman (Reg. No. 20,639)
James Reisman (Reg. No. 22,007)
Barry A. Cooper (Reg. No. 25,204)
David S. Kashman (Reg. No. 28,725)
Allen I. Rubenstein (Reg. No. 27,673)

Jeffrey M. Kaden (Reg. No. 31,268)
Amy B. Goldsmith (Reg. No. 33,700)
Norbert P. Holler (Reg. No. 17,816)
Tiberiu Weisz (Reg. No. 29,876)
Maria A. Savio (Reg. No. 31,565)

Use address is c/o Gottlieb, Rack & Reisman, P.C., 270 Madison Avenue New York NY 10016 (telephone (212) 684-3900), jointly and severally, as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all correspondence and telephone calls to: TIBERIU WEISZ at the address and telephone number shown above.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor MARK HOCHMAN

Inventor's Signature *Mark Hochman* Date 12/21/98
Residence 26 Meadow Woods Road, Lake Success, NY 11020
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Post Office Address Lake Success, NY

Full name of second joint inventor CLAUDIA HOCHMAN

Inventor's Signature *Claudia Hochman* Date 12/21/98
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Full name of third joint inventor ANGELO ASCIONE

Inventor's Signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Full name of fourth joint inventor LAWRENCE BROWN

Inventor's Signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Full name of fifth joint inventor HARDIE JOHNSON

Inventor's Signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Full name of sixth joint inventor MICHELLE LOCKWOOD

Inventor's Signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

whose address is c/o Gottlieb, Rackman & Reisman, P C , 270 Madison Avenue, New York NY 10016 (telephone (212) 684-3900), jointly and severally, as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

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Full name of sole or first inventor MARK HOCHMAN

Inventor's Signature _____ Date _____
Residence _____
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Full name of second joint inventor, CLAUDIA HOCHMAN

Inventor's Signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Full name of third joint inventor, ANGELO ASCIONE

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Citizenship _____
Post Office Address _____

Full name of fifth joint inventor, HARDIE JOHNSON

Inventor's Signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Full name of six joint inventor, MICHELLE LOCKWOOD

Inventor's Signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

whose address is c/o Gottlieb, Rackman & Reisman, P.C., 270 Madison Avenue, New York NY 10016 (telephone (212) 684-3900), jointly and severally, as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

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Residence _____
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Full name of second joint inventor, CLAUDIA HOCHMAN

Inventor's Signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Full name of third joint inventor, ANGELO ASCIONE

Inventor's Signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Full name of fourth joint inventor, LAWRENCE BROWN

Inventor's Signature Lawrence Brown Date _____
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Full name of fifth joint inventor, HARDIE JOHNSON

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